

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10813,114
FILING DATE
APPLICANT(S)

3-31-84 9-17-88

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4	1		1			
5		1		1		
6		1		1		
7	1		1			
8		1		1		
9		1		1		
10	9		10			
11	9		10			
12	9		10			
13	3		3			
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48						
49						
50		1				
TOTAL IND.	33		24			
TOTAL DEP.	33		24			
TOTAL CLAIMS	33		24			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS